

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROTECT SENIORS NOW

Full Name (Last, First, Middle Initial)

A. Mrs. Nancy Thompson

Mailing Address 5322 Lake Howell Road

City

Winter Park

State

FL

Zip Code

32792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signature Consulting Services

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

11 / 24 / 2014

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

B. Dianne Timmering

Mailing Address 2362 Carlton Terrace

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signature Healthcare

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

11 / 24 / 2014

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Lynn Watts

Mailing Address 328 Betsy Clark Branch

City

Martin

State

KY

Zip Code

41649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signature Healthcare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

11 / 24 / 2014

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00